

<i>SERFF Tracking Number:</i>	<i>REGU-125946505</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-3024</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/2008-3024</i>		

## Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial General Liability    SERFF Tr Num: REGU-125946505    State: Arkansas

Forms Filing

TOI: 17.0 Other Liability-Occ/Claims Made    SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: 2008-3024

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Author: Joanne Sullivan

Disposition Date: 12/19/2008

Date Submitted: 12/15/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: 2008-3024

Domicile Status Comments:

Reference Organization: ISO

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 12/19/2008

State Status Changed: 12/19/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) are submitting an independent forms filing for their Commercial General Liability program. The corresponding rules are not required to be filed, as per your state requirements.

The Asbestos and Lead forms in this filing were previously filed and approved in our initial independent filings filed in 2006.

SERFF Tracking Number:	REGU-125946505	State:	Arkansas
First Filing Company:	Technology Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-3024		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Commercial General Liability Forms Filing		
Project Name/Number:	/2008-3024		

We have amended our Lead and Asbestos forms to be much easier to read. There has been no change to the content or intent of the forms.

## Company and Contact

### Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Joanne Sullivan,	joannesullivan@ircllc.com
50 Broad Street	(212) 571-3989 [Phone]
New York, NY 10004	

### Filing Company Information

Technology Insurance Company, Inc.	CoCode: 42376	State of Domicile: New Hampshire
55 Capital Boulevard	Group Code: 2538	Company Type: P&C
6th Floor		
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 02-0449082	
	-----	
Wesco Insurance Company	CoCode: 25011	State of Domicile: Delaware
55 Capital Boulevard	Group Code: 2538	Company Type:
Rocky Hill, CT 06067	Group Name:	State ID Number:
(212) 571-3989 ext. [Phone]	FEIN Number: 85-0165753	
	-----	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR fee is \$50.00 form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Technology Insurance Company, Inc.	\$50.00	12/15/2008	24533049

<i>SERFF Tracking Number:</i>	<i>REGU-125946505</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-3024</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/2008-3024</i>		

Wesco Insurance Company	\$0.00	12/15/2008
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SERFF Tracking Number:	REGU-125946505	State:	Arkansas
First Filing Company:	Technology Insurance Company, Inc., ...	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-3024		
TOI:	17.0 Other Liability-Occ/Claims Made	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	Commercial General Liability Forms Filing		
Project Name/Number:	/2008-3024		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/19/2008	12/19/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Lead Exclusion	Form	Joanne Sullivan	12/16/2008	12/16/2008

<i>SERFF Tracking Number:</i>	<i>REGU-125946505</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-3024</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/2008-3024</i>		

## Disposition

Disposition Date: 12/19/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

<b>Overall Percentage Rate Indicated For This Filing</b>	0.000%
<b>Overall Percentage Rate Impact For This Filing</b>	0.000%
<b>Effect of Rate Filing-Written Premium Change For This Program</b>	\$0
<b>Effect of Rate Filing - Number of Policyholders Affected</b>	0

SERFF Tracking Number: REGU-125946505 State: Arkansas

First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-3024

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability Forms Filing

Project Name/Number: /2008-3024

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Auth Letters	Approved	Yes
Form (revised)	Lead Exclusion	Approved	Yes
Form	Lead Exclusion	Approved	Yes
Form	Asbestons Exclusion	Approved	Yes
Rate	General Liability Commercial Lines Manual Page – Lead Exclusion	Approved	Yes
Rate	General Liability Commercial Lines Manual Page – Asbestos Exclusion	Approved	Yes

SERFF Tracking Number: REGU-125946505 State: Arkansas

First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-3024

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability Forms Filing

Project Name/Number: /2008-3024

# **Amendment Letter**

Amendment Date:

Submitted Date: 12/16/2008

## **Comments:**

We found a typo in form GL990001 - Lead Exclusion. I have attached a corrected copy.

Thanks.

## **Changed Items:**

### **Form Schedule Item Changes:**

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Lead Exclusion	GL990001	0908	Endorsement/Amendment/Conditions	Replaced	GL990001 0206	TIC-06-IP-001 & WIC-06-IP-001-AR		GL990001 0908.pdf



SERFF Tracking Number: REGU-125946505 State: Arkansas

First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-3024

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability Forms Filing

Project Name/Number: /2008-3024

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Lead Exclusion	GL990001	0908	Endorsement/Amendment/Conditions	Replaced Form #: GL990001 0206 Previous Filing #: TIC-06-IP-001 & WIC-06-IP-001-AR		GL990001 0908.pdf
Approved	Asbestos Exclusion	GL990002	0908	Endorsement/Amendment/Conditions	Replaced Form #: GL990002 0206 Previous Filing #: TIC-06-IP-001 & WIC-06-IP-001-AR		GL990002 0908.pdf

Please read this endorsement carefully, as it reduces your coverage

## **LEAD EXCLUSION**

This endorsement modifies all coverages found under the following:

### **COMMERCIAL GENERAL LIABILITY COVERAGE PART COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART**

- A. This insurance does not apply to any loss of, "bodily injury", "property damage", "personal and advertising injury", or "professional liability" arising out of the actual, alleged or suspected:
1. Ingestion, inhalation, absorption, presence, or prolonged physical exposure or threat of exposure to Lead in any form, or goods, products containing any form of Lead;
  2. Use of any form of Lead in constructing or manufacturing any good, product or structure;
  3. Removal of any form of Lead from any good, product or structure; or
  4. The manufacture, intellectual development, sale, transportation, storage or disposal of Lead, or goods or products containing any form of Lead.
- B. We will not pay:
1. Loss, cost or expense, including but not limited to defense costs, claim expenses, bonds or fees arising out of any request, demand or order that any insured or others identify, abate, test for, sample, monitor, clean up, remove, cover, contain, treat, detoxify, decontaminate, neutralize, or mitigate or in any way respond to, or assess the effects of Lead; or repair, replace or improve any property as a result of such effects; or
  2. Loss, cost or expense arising out of any claim or "suit" by or on behalf of a government authority for damages because of identification of, abatement of, testing for, sampling, monitoring, cleaning up, removing, covering, containing, treating, detoxifying, decontaminating, neutralizing, or mitigating, or in any way responding to, or assessing the effects of Lead; or repairing, replacing or improving any property as a result of such effects.
- C. This exclusion applies whether or not:
1. Such loss, cost or expense was caused by the instigation of, or with the direct or indirect involvement of any named insured, the named insured's employees, additional insureds or other persons on the insured's premises or worksite at any time.
  2. Such loss, cost or expense was caused by or arising out of the failure at any time of any named insured, the named insured's employees, additional insureds or other persons on any named insured's premises or worksite to supervise or keep the premise or worksite in a safe condition.

## **ASBESTOS EXCLUSION**

This endorsement modifies all coverages provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART

- A. This insurance does not apply to any loss of, "bodily injury," "property damage," "personal and advertising injury", or "professional liability" arising out of the actual, alleged or suspected:
1. Ingestion, inhalation, absorption, presence or prolonged physical exposure or threat of exposure to asbestos in any form, or goods, products containing any form of asbestos;
  2. Use of any form of asbestos in constructing or manufacturing any good, product or structure;
  3. Removal of any form of asbestos from any good, product or structure; or
  4. The manufacture, intellectual development, sale, transportation, storage, or disposal of asbestos or goods or products containing any form of asbestos.
- B. We will not pay:
1. Loss, cost or expense, including but not limited to defense costs, claim expenses, bonds or fees arising out of any request, demand, or order that any insured or others identify, abate, test for, sample, monitor, clean up, remove, cover, contain, treat, detoxify, decontaminate, neutralize, or mitigate; or in any way respond to or assess the effects of asbestos; or repair, replace or improve any property as a result of such effects; or
  2. Loss, cost or expense arising out of any claim or "suit" by or on behalf of a government authority for damages because of identification of, abatement of, testing for, sampling, monitoring, cleaning up, removing, covering, containing, treating, detoxifying, decontaminating, neutralizing, or mitigating; or in any way responding to or assessing the effects of asbestos; or repairing, replacing or improving any property as a result of such effects.
- C. This exclusion applies whether or not:
1. Such loss, cost or expense was caused by the instigation of, or with the direct or indirect involvement of any named insured, the named insured's employees, additional insureds or other persons on the named insured's premises or worksite at any time.
  2. Such loss, cost or expense was caused by or arising out of the failure at any time of any named insured, the named insured's employees, additional insureds, or other persons on any named insured's premises or worksite to supervise or keep the premise or worksite in a safe condition.

<i>SERFF Tracking Number:</i>	<i>REGU-125946505</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>2008-3024</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/2008-3024</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: REGU-125946505 State: Arkansas  
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50  
Company Tracking Number: 2008-3024  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability Forms Filing  
Project Name/Number: /2008-3024

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	General Liability Commercial Lines Manual Page Lead Exclusion	GL-LEAD-CW	Replacement	GL-LEAD-CW 0908.pdf
Approved	General Liability Commercial Lines Manual Page Asbestos Exclusion	GL-ASBESTOS- CW	Replacement	GL-ASBESTOS-CW 0908.pdf

GENERAL LIABILITY  
(including Professional Liability)  
COMMERCIAL LINES MANUAL PAGE  
LEAD EXCLUSION

- Lead exclusion is a clarifying endorsement to the ISO pollution exclusion as found in the liability coverage part. There is no premium charge.
- This is a mandatory endorsement for all general liability policies at inception.
- This is a mandatory endorsement for all general liability policies at each renewal.
- However, should the endorsement fail to be attached at time of inception, we may:
  1. Any policy adding any part of any type of structure during the policy period that has a significant potential for lead exposure and/ or have not undergone lead abatement recognized procedures, must have attached at time of addition the mandatory lead exclusion.

This exclusion may be added when it becomes known to the company that any part of any type of structure has a significant potential for lead exposure and/ or has not undergone lead abatement recognized procedures. However the endorsement MAY NOT BE ADDED RETROACTIVE TO THE INCEPTION DATE.

- A. During the first sixty (60) days a covered policy is initially in effect, we will provide twenty (20) days notice of the change in conditions.
- B. After a covered policy has been in effect for sixty (60) days or on or after the effective date if such policy is a renewal, we will provide fifteen (15) days notice of the change in conditions.

- Form to be attached: GL990001

GENERAL LIABILITY  
(including Professional Liability)  
COMMERCIAL LINES MANUAL PAGE  
ASBESTOS EXCLUSION

- Asbestos exclusion is a clarifying endorsement to the ISO pollution exclusion as found in the liability coverage part. There is no premium charge.
- This is a mandatory endorsement for all general liability policies at inception.
- This is a mandatory endorsement for all general liability policies at each renewal.
- However, should the endorsement fail to be attached at time of inception, we may:
  1. Any policy adding any part of any type of structure during the policy period that has a significant potential for asbestos exposure and/ or have not undergone asbestos abatement recognized procedures, must have attached at time of addition the mandatory asbestos exclusion.

This exclusion may be added when it becomes known to the company that any part of any type of structure has a significant potential for asbestos exposure and/ or has not undergone asbestos abatement recognized procedures. However the endorsement MAY NOT BE ADDED RETROACTIVE TO THE INCEPTION DATE.

- A. During the first sixty (60) days a covered policy is initially in effect, we will provide twenty (20) days notice of the change in conditions.
- B. After a covered policy has been in effect for sixty (60) days or on or after the effective date if such policy is a renewal, we will provide fifteen (15) days notice of the change in conditions.

- Form to be attached: GL990002

SERFF Tracking Number: REGU-125946505 State: Arkansas  
First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50  
Company Tracking Number: 2008-3024  
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Commercial General Liability Forms Filing  
Project Name/Number: /2008-3024

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 12/19/2008

**Comments:**

**Attachment:**

AR NAIC.pdf

**Satisfied -Name:** Auth Letters  
**Review Status:** Approved 12/19/2008

**Comments:**

**Attachments:**

Auth Letter TIC.pdf

Auth Letter WIC.pdf



## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">New Business</div> <div style="width: 40%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">Renewal Business</div> <div style="width: 40%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>
AmTrust Group	2538

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Technology Insurance Company	NH	42376	02-0449082	
Wesco Insurance Company	DE	25011	85-0165753	

<b>5. Company Tracking Number</b>	<b>2008-3024</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Joanne Sullivan Insurance Regulatory Consultants 50 Broad Street, Suite 501 New York, NY 10004	Analyst	(212) 571-3989	(212) 571-2502	<a href="mailto:joannesullivan@ircllc.com">joannesullivan@ircllc.com</a>

7. Signature of authorized filer	
8. Please print name of authorized filer	Joanne Sullivan

**Filing information** (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability - Claims Made/Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New:    Upon Approval    Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	12/15/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20. This filing transmittal is part of Company Tracking #</b>	2008-3024
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<b>21. Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) are submitting an independent forms filing for their Commercial General Liability program. The corresponding rules are not required to be filed, as per your state requirements.

The Asbestos and Lead forms in this filing were previously filed and approved in our initial independent filings filed in 2006.

We have amended our Lead and Asbestos forms to be much easier to read. There has been no change to the content or intent of the forms.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** EFT  
**Amount:** \$50.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

**(Do not refer to the body of the filing for the forms listing, unless allowed by state.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	2008-3024			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	2008-3023 (As Retained in Company Files)			
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Lead Exclusion	GL990001 0908	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL990001 0206	
	Asbestos Exclusion	GL990002 0908	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	GL990002 0206	
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



# Technology Insurance Company

An AmTrust Financial Company

## LETTER OF FILING AUTHORIZATION

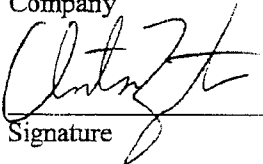
This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Technology Insurance Company**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner  
Name

12/11/08  
Date

Vice President, Compliance  
Title

Technology Insurance Company  
Company

  
Signature

(646) 458-7922  
Telephone #

Technology Insurance Company NAIC # 2538-42376

Re: **Technology Insurance Company, Inc. NAIC #: 2538-42376**  
**Commercial General Liability**  
**Independent Rules and Forms**



## Wesco Insurance Company

An AmTrust Financial Company

### LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner

Name

12/11/08

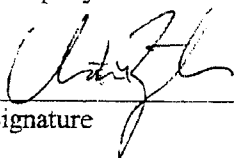
Date

Vice President, Compliance

Title

Wesco Insurance Company

Company



Signature

(646) 458-7922

Telephone #

Wesco Insurance Company NAIC # 2538-25011

Re: **Wesco Insurance Company, Inc. NAIC #: 2538-25011**  
**Commercial General Liability**  
**Independent Rules and Forms**

<i>SERFF Tracking Number:</i>	<i>REGU-125946505</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Technology Insurance Company, Inc., ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-3024</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Commercial General Liability Forms Filing</i>		
<i>Project Name/Number:</i>	<i>/2008-3024</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Lead Exclusion	12/15/2008	GL990001 0908.pdf

Please read this endorsement carefully, as it reduces your coverage

## **LEAD EXCLUSION**

This endorsement modifies all coverages found under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
COMMERCIAL PROFESSIONAL LIABILITY COVERAGE PART

- A. This insurance does not apply to any loss of, "bodily injury", "property damage", "personal and advertising injury", or "professional liability" arising out of the actual, alleged or suspected:
1. Ingestion, inhalation, absorption, presence, or prolonged physical exposure or threat of exposure to Lead in any form, or goods, products containing any form of Lead;
  2. Use of any form of Lead in constructing or manufacturing any good, product or structure;
  3. Removal of any form of Lead from any good, product or structure; or
  4. The manufacture, intellectual development, sale, transportation, storage or disposal of Lead, or goods or products containing any form of Lead.
- B. We will not pay:
1. Loss, cost or expense, including but not limited to defense costs, claim expenses, bonds or fees arising out of any request, demand or order that any insured or others identify, abate, test for, sample, monitor, clean up, remove, cover, contain, treat, detoxify, decontaminate, neutralize, or mitigate or in any way respond to, or assess the effects of Lead; or repair, replace or improve any property as a result of such effects; or
  2. Loss, cost or expense arising out of any claim or "suit" by or on behalf of a government authority for damages because of identification of, abatement of, testing for, sampling, monitoring, cleaning up, removing, covering, containing, treating, detoxifying, decontaminating, neutralizing, or mitigating, or in any way responding to, or assessing the effects of Lead; or repairing, replacing or improving any property as a result of such effects.
- C. This exclusion applies whether or not:
1. Such loss, cost or expense was caused by the instigation of, or with the direct or indirect involvement of any named insured, the named insured's employees, additional insureds or other persons on the insured's premises or worksite at any time.
  2. Such loss, cost or expense was caused by or arising out of the failure at any time of any named insured, the named insured's employees, additional insureds or other persons on any named insured's premises or worksite to supervise or keep the premise or worksite in a safe condition.